

STATEMENT FROM AMANDA C BOWERS RN, BSN

Employee number 263400

Date of Incidence: July 7, 2009

Date placed on Administrative Leave: July 9, 2009

Date statement requested and submitted: July 15, 2009

As of July 15, 2009 I have not been told of the actual allegation against me so I write this statement about the only error I know I committed.

On Tuesday July 7, 2009 I was the Charge Nurse for the MCICU and was making my rounds checking on each nurse and patient as I try to do numerous times throughout a shift. I walked into 4H15 where Dr Nayyar was attempting an a-line insertion. I was joking with him, if he needed me to put the line in, he asked if we were allowed and I explained no not at our hospital but at other facilities I know Respiratory Therapists are allowed and nurses can do ABGs but we are not allowed at Mount Carmel. We had a discussion about how it would make more sense possibly that nurses and respiratory therapists were allowed because Respiratory draws so many ABGs and nurses have experience with peripheral venous catheter insertions, but it didn't matter because it wasn't allowed at Mount Carmel. Dr Nayyar had tried unsuccessfully to place an a-line for 15min or more, he was sitting in a chair for the procedure. I offered to obtain and hold a Doppler to assist with the location of the artery for the a-line insertion; I wore sterile gloves to prevent contamination of sterile field-which I routinely do. At one point Dr Nayyar complained of a spasm and I held the catheter while he stretched his back and neck-needle remaining under pts skin. Patient was on the hypothermia protocol so was on continuous sedation and not alert. I do not recall whether I offered or he asked me to hold the catheter. I had the catheter in my left hand as he had gotten a small flash and did not want to lose his place. In the process of me holding the catheter I moved my hand inadvertently I believe the catheter came out slightly and I reactively pushed it back (still under skin) and ended up obtaining a flash in the catheter I immediately notified Dr Nayyar who was standing directly next to me the entire time of the situation and he took over and advanced the guide wire and catheter as the physician typically does based on other insertions I have watched. I don't believe it was more than 15-30seconds but was not watching a clock to be certain. I attached the pressure tubing and zeroed the line as is routine process and went back to take care of my own patient.

The placement of the catheter in the artery was completely unintentional and I do accept fault for my error. As to why I did not immediately notify my supervisor I believe that is because I knew it was truly an accident and knew that I would never allow myself to be in a situation where this could happen again. And I believe given my above average reviews, recent recipient of the IMPACT award, leadership roles and the multiple committees that I am on and have been on in the past, including assisting with the conversion to HED computer charting and the responsibility to train my colleagues, and the continued work I do in Laborworkx to assure proper productivity information and staffing numbers it is

obvious that I am a very good nurse and take excellent care of my patients, and go above and beyond by taking on extra assignments and committees to help the unit and the profession to make improvements in the way we care for our patients. To the best of my knowledge the patient was not harmed by my error. I believe we all work in a very high paced environment and accidents and bad decisions do happen because we are all human. And all I can say is that I have more than learned my lesson and there is absolutely no chance that I will ever make this error again, and this is the first error involving a patient that I am aware I have made in my nursing career.

I did notify Dr Nayyar on Thursday July 9, 2009 of my administrative leave so that he was aware. He called me on Sunday July 12, 2009 asking if I had heard anything yet and I made him aware that I had not but that I anticipated hearing from someone on Monday for further information on what the process was to be going forward.

I look forward to a speedy resolution and decision to this matter so that we may all move on and focus on what is most important and that is providing excellent patient care.

Amanda Bowers RN, BSN